

# Exhibit A

UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <u>Delphi Automotive Systems LLC</u>		Case Number <u>05-44640</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Alumax Mill Products, Inc.</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent: <u>Paul Kopatich</u> <u>Alcoa</u> <u>8550 W Bryn Mawr Ave., 10th Floor</u> <u>Chicago IL 60631</u> Telephone number: <u>773-380-7087</u>		
Account or other number by which creditor identifies debtor: <u>328910</u>		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: <u>Pre Petition</u>		3. If court judgment, date obtained: <u>N/A</u>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>713,498.23</u> (unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>
<b>6. Unsecured Nonpriority Claim:</b> <u>713,498.23</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		THIS SPACE IS FOR COURT USE ONLY
Date <u>7/27/2006</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Paul Kopatich Group Credit MGR P.M.A. [Signature]</u>	

# Alumax Mill Products Inc.

## Proof of Claim Summary

Sold to: Delphi Thermal and Interior Systems 200 Upper Mountain Road Lockport, NY					
based on information provided by Delphi, we understand to be an operating division of Delphi Automotive Systems, LLC, a Delaware limited liability company.					
BL Number Edaycor Ref	Item No	Item No	Item No	Item No	Amount Due
	DED265108				\$ 269,498.64
	DED372834				\$ 29,722.56
	DED372828				\$ 9,160.65
	49180964				\$ 16,964.37
	49179828				\$ 7,727.32
	49179064				\$ 9,379.92
	49171905				\$ 314.19
	49170718				\$ 300.65
	49170023				\$ 936.18
	49150955				\$ 3,317.93
	49131906				\$ 346.73
	49118283				\$ 12,153.90
	49130649				\$ 143.25
	49123285				\$ 431.34
	49168871				\$ 295.10
	49160111				\$ 159.09
	49149892				\$ 23,408.39
45327	49180124				\$ 44,416.96
45329	49180230				\$ 21,229.65
45331	49180288				\$ 7,854.60
45365	49180363				\$ 3,387.23
45366	49180438	49180289	49180290	49180291	\$ 63,360.22
45367	49180364	49180365			\$ 16,789.52
45368	49180396				\$ 32,881.01
45369	49180395				\$ 45,670.09
45370	49180397				\$ 16,365.18
45371	49180420	49180421			\$ 40,997.70
45372	49180496				\$ 8,033.82
45383	49180366				\$ 21,217.10
45395	49180524				\$ 7,034.94
				<b>Total</b>	<b>\$ 713,498.23</b>